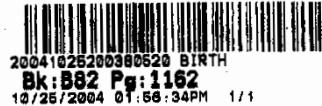


CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA

ORANGE COUNTY

OFFICE OF REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NC VITAL RECORDS
CERTIFICATE OF LIVE BIRTHRegistration District No. 06890 Local No.

BIRTH 10/25/2004 01:56:34PM 1/1

1. CHILD'S NAME (First, Middle, Last) Abigail Ellen Jordan 2. DATE OF BIRTH (Month, Day, Year) October 18, 2004 3. TIME OF BIRTH 11:48 AM

CHILD

4. SEX Female 5. CITY, TOWN, OR LOCATION OF BIRTH Chapel Hill 6. COUNTY OF BIRTH Orange7. PLACE OF BIRTH: Hospital 8. FACILITY NAME (If not institution, give street and number) UNC Hospitals9. FATHER'S NAME (First, Middle, Last) Christopher Wayne Jordan 10. DATE OF BIRTH (Month, Day, Year) January 11, 1969 11. BIRTHPLACE (State or foreign country) NC12a. MOTHER'S MAIDEN NAME (First, Middle, Maiden) Susan Mae Quinn 12b. MOTHER'S SURNAME Quinn 13. DATE OF BIRTH (Month, Day, Year) Aug. 21, 1961

PARENTS

14. BIRTHPLACE (State or foreign country) Connecticut 15a. USUAL RESIDENCE (STATE) North Carolina 15b. COUNTY Chatham 15c. CITY, TOWN, OR LOCATION Bear Creek16a. STREET AND NUMBER 1789 Hoyt Scott Road 16b. ZIP CODE 27207 16c. INSIDE CITY LIMITS (Yes or No) No 16. MOTHER'S MAILING ADDRESS (If same as residence, enter "same") SAME

STATE COPY

17a. MOTHER'S SIGNATURE: I certify that I have inspected this certificate. [Signature] 17b. RELATION TO CHILD IF MOTHER CANNOT SIGN [Signature] 17c. SOCIAL SECURITY NUMBER REQUESTED (Yes or No) Yes18a. I certify that this child was born alive at the place and time and on the date stated. Signature [Signature] 18b. DATE SIGNED (Month, Day, Year) 10/20/04 19. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) Cynthia King M.D.

CERTIFIER

20. CERTIFIER'S NAME & TITLE (Type/Print) Yvonne H. Mebane, HUC 21. ATTENDANT'S MAILING ADDRESS (Street & Number or Rural Route & Number, City, Town, Zip Code) UNC Hospitals Chapel Hill, NC 2751422a. DATE REC'D BY LOCAL REG Oct 23, 2004 22b. SIGNATURE OF REGISTRAR [Signature] 23. DATE NAME ADDED En 24. DATE AMENDED

RACE

25a. COLOR OR RACE OF FATHER (Specify White, Black, American Indian, etc.) White 25b. COLOR OR RACE OF MOTHER (Specify White, Black, American Indian, etc.) WhiteVolume 82 Page 1162

This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

068-589573

Witness my hand and official seal

this the 20th day of Dec. 20 04By: [Signature]

Deputy Assistant Register of Deeds

DHHS 3014 (REVISED 10/02) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Vital Records seal clearly embossed in left corner.

Joyce H. Pearson
Register of Deeds
Orange County

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA

ORANGE COUNTY

OFFICE OF REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NC VITAL RECORDS
CERTIFICATE OF LIVE BIRTH



20241020000000000000 BIRTH
BK:882 Pg:1183
10/20/2004 01:55:36PM 1/1

Registration District No. <u>0090</u> Local No.		BIRTH	
1. CHILD'S NAME (First, Middle, Last) <u>Berta Ann Jordan</u>		2. DATE OF BIRTH (Month, Day, Year) <u>October 18, 2004</u>	3. TIME OF BIRTH <u>11:47 AM</u>
4. SEX <u>Female</u>	5. CITY, TOWN, OR LOCATION OF BIRTH <u>Chapel Hill</u>	6. COUNTY OF BIRTH <u>Orange</u>	
7. PLACE OF BIRTH <u>Hospital</u>		8. FACILITY NAME (If not institution, give street and number) <u>UNC Hospitals</u>	
9. FATHER'S NAME (First, Middle, Last) <u>Christopher Wayne Jordan</u>		10. DATE OF BIRTH (Month, Day, Year) <u>January 11, 1969</u>	11. STATE OF BIRTH (State or foreign country) <u>NC</u>
12. MOTHER'S MAIDEN NAME (First, Middle, Last) <u>Susan Mae Quinn</u>		13. MOTHER'S SURNAME <u>Quinn</u>	14. DATE OF BIRTH (Month, Day, Year) <u>Aug. 21, 1961</u>
15. BIRTHPLACE (State or foreign country) <u>Connecticut</u>		16. USUAL RESIDENCE (STATE) <u>North Carolina</u>	17. COUNTY <u>Chatham</u>
18. CITY, TOWN, OR LOCATION <u>Bear Creek</u>		19. DATE OF BIRTH (Month, Day, Year) <u>Aug. 21, 1961</u>	
20. STREET AND NUMBER <u>1789 Hoyt Scott Road</u>		21. ZIP CODE <u>27207</u>	22. HOME CITY (State or foreign country) <u>NC</u>
23. MOTHER'S SIGNATURE (If not mother, give name of mother) <u>[Signature]</u>		24. MOTHER'S MAILING ADDRESS (If not at residence, give name) <u>SAME</u>	
25. RELATION TO CHILD IF MOTHER CANNOT SIGN <u>Yes</u>		26. SOCIAL SECURITY NUMBER REQUESTED (Yes or No) <u>Yes</u>	
27. I certify that this child was born alive at the place and time and on the date stated. Signature <u>Yvonne H. Mobana</u>		28. DATE SIGNED (Month, Day, Year) <u>10/20/04</u>	29. ATTENDANT'S NAME AND TITLE (If other than certified, type/print) <u>Cynthia King M.D.</u>
30. CERTIFIER'S NAME & TITLE (Type/print) <u>Yvonne H. Mobana, HUC</u>		31. ATTENDANT'S MAILING ADDRESS (Street & Number or Rural Route & Number, City, Town, ZIP Code) <u>UNC Hospitals Chapel Hill, NC 27514</u>	
32. DATE RECD BY LOCAL REG. <u>Oct. 22, 2004</u>		33. SIGNATURE OF REGISTRAR <u>[Signature]</u>	34. DATE MARK ADDED <u>Em</u>
35. COLOR OR RACE OF FATHER (Specify White, Black, American Indian, etc.) <u>White</u>		36. COLOR OR RACE OF MOTHER (Specify White, Black, American Indian, etc.) <u>White</u>	

This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

Joyce H. Pearson
Register of Deeds
Orange County

068-159753

Witness my hand and official seal

this the 22nd day of May, 2009

DHHS 3914 (REVISED 2/06) NC VITAL RECORDS

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By:

[Signature]
Deputy Assistant Register of Deeds

P.009/013

(FAX) 91065227750

14:11 middle springs 08/07/2012